



Saratoga County  
DEPARTMENT OF EMPLOYMENT & TRAINING  
Lisa M. Scaccia, Director

152 West High Street, Ballston Spa, NY 12020 TEL: (518) 884-4170 FAX: (518) 884-4262

# Saratoga County Summer Youth Employment Program Summer Jobs 2015

## The Summer Youth Employment Program:

- For **eligible** Saratoga County youth residents 14-20 years old.
- Summer employment from approximately June 30, 2015 to August 21, 2015.  
(Note: Dates are approximate, timeframe subject to change depending on funding and/or worksite placement.)
- Minimum wage: \$8.75 hour.
- Work up to 30 hours a week (some jobs or weeks may be less hours).
- Job matching will take into consideration: location, skills, interests and desired location (when possible).
- Types of jobs include: clerical/office assistant, laborer, customer service, grounds work, library page, cleaner and more!

Youth may qualify if they receive: **Medicaid – Free or Reduced Lunch – SSI**

Or their family receives: **Food Stamps - Cash Public Assistance - HEAP**

Please return the attached application to the above address.

- We will begin contacting eligible candidates in late May to continue the application process.
- If you are under 18 you must apply for your working papers now. Contact your school guidance office. You must have your original working papers when we call you for an interview to complete the application process.

***NOTE! Funding for the 2015 Summer Youth Employment Program is contingent upon legislative action and budget inclusion. It is not clear what size program, if any, will be supported for Summer 2015. We are accepting applications now to stay on track with timing if the programs are supported but we do not yet have confirmation. We will have a clearer picture as we draw closer to the start date.***

Questions? Please call 518-884-4904 or 518-884-4170 and ask for Katherine

**Pre-Application Priority Deadline is April 24, 2015**

(applications will continue to be accepted after 4/24/15 to fill any available slots)

**You MUST fill out ALL sections of the application form to be considered.**

*(Keep this page for your records.)*

# YOUTH PROGRAM PRE-APPLICATION

**You MUST fill out ALL sections of the application form to be considered.**

(PLEASE BE SURE TO WRITE NEATLY SO WE CAN READ EVERYTHING ON YOUR APPLICATION)

Today's date is: \_\_\_\_/\_\_\_\_/2015

Name \_\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Town you live in if different from your address: \_\_\_\_\_

Your Home Phone #: \_\_\_\_\_ Your Cell Phone #: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate # or email where you can receive a message / be reached: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ How old are you right now? \_\_\_\_ Check one: Male \_\_\_\_ Female \_\_\_\_

If you are a male, 18 years old or older, have you registered with selective service? Yes \_\_\_\_ No \_\_\_\_

Is your parent a military veteran? Yes \_\_\_\_ No \_\_\_\_ If yes, check: Father \_\_\_\_ Mother \_\_\_\_

## **ELIGIBILITY QUESTIONNAIRE (ALL Questions MUST Be Answered To Be Considered!)**

- 1) How many immediate\* family members live in the youth applicant's home? \_\_\_\_\_
- 2) Does the youth applicant's family receive Food Stamps (in the last 6 months)? Yes \_\_\_\_ No \_\_\_\_
- 3) Does the youth applicant receive: Family Assistance/Safety Net? Yes \_\_\_\_ No \_\_\_\_
- 4) Does the youth applicant receive: Medicaid? Yes \_\_\_\_ No \_\_\_\_
- 5) Does youth applicant's family receive: HEAP? Yes \_\_\_\_ No \_\_\_\_
- 6) Does the youth applicant receive: SSI? Yes \_\_\_\_ No \_\_\_\_
- 7) Is the youth applicant in foster care? Yes \_\_\_\_ No \_\_\_\_
- 8) Does the youth applicant receive Free/Reduced School Lunch at school? Yes \_\_\_\_ No \_\_\_\_
- 9) Does the youth applicant have any physical, emotional or learning disabilities or an IEP?  
Yes \_\_\_\_ No \_\_\_\_ If yes, does the youth applicant receive:  
a) Medicaid: Yes \_\_\_\_ No \_\_\_\_  
b) SSI: Yes \_\_\_\_ No \_\_\_\_

10) Has applicant ever been enrolled in this Summer Job Program? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what year & where did they work?

\_\_\_\_\_

11) What is the total FAMILY income (gross) of all members of the youth's immediate\* family in the home for the past year or six months prior to this application? **YOU MUST FILL IN ONE OR THE OTHER.**

GROSS INCOME: ALL FAMILY MEMBERS PAST ONE YEAR: \$\_\_\_\_\_

or

GROSS INCOME: ALL FAMILY MEMBERS PAST **SIX (6) MONTHS:** \$\_\_\_\_\_

What are the sources of income?\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Include the gross income (income before taxes and deductions) of each family member who lives with you. List all sources of family members gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member.

**\* FAMILY MEMBERS CLARIFICATION:**

Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

**EDUCATION RECORD**

	School Name	Highest Grade Completed	Grade You Are In Right Now	Major
Jr. High School				
High School				
BOCES/ Tech School				

Do you plan to return to school in the Fall? \_\_\_\_Yes \_\_\_\_ No

If yes, what grade will you be in: \_\_\_\_\_

Name of school: \_\_\_\_\_

## EMPLOYMENT RECORD (Include all jobs you have had and list the most recent first.)

From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		
From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		

### SKILLS:

What skills do you have? Examples: typing / computer skills, animal care, cleaning, landscaping.

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Do you have any prior work experience or training? If yes, please describe skills used or learned.

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Do you currently have another job or summer job lined up? Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be able to get to a worksite? Yes \_\_\_\_\_ No \_\_\_\_\_

How will you get to a worksite? \_\_\_\_\_

If you could choose the kind of work you would most like to do your 1<sup>st</sup> and 2<sup>nd</sup> choices would be:

1<sup>st</sup>) \_\_\_\_\_ and 2<sup>nd</sup>) \_\_\_\_\_

### INTEREST IN PROGRAM:

Please explain why you want to be enrolled in this program and what you hope to accomplish through this experience.

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### COMMUNITY INVOLVEMENT:

Please list any community organizations that you belong to such as scouts, school clubs, civic organizations, and school activities:

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Where did you obtain this application? \_\_\_\_\_

**WORKING PAPERS / CARD (Student General Employment Certificate)**

**Working papers (card) are issued by your local school district guidance office.**

If you are 14 or 15 years old you must have a BLUE Employment Certificate (work card).

If you are 16 or 17 years old you must have a GREEN Employment Certificate (work card).

Do you have a valid Employment Certificate (work card)? Yes\_\_\_\_\_ No\_\_\_\_\_

**ETHNICITY INFORMATION (OPTIONAL)**

CHECK ONE: WHITE\_\_\_\_\_ BLACK\_\_\_\_\_ HISPANIC\_\_\_\_\_ ASIAN\_\_\_\_\_

AMERICAN INDIAN\_\_\_\_\_ PACIFIC ISLANDER\_\_\_\_\_ OTHER\_\_\_\_\_

**CERTIFICATION:**

I certify that the information on this application is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PARENTAL/ STUDENT RELEASE:**

The applicant is applying for employment and training services provided by Temporary Assistance for Needy Families (TANF) and/or the Workforce Investment Act (WIA) and/or the State of New York. I will be required to provide certain documentation for eligibility determination. I grant permission to Saratoga County Department of Employment and Training to release and obtain information regarding physical and/or mental disabilities and other pertinent information of a social or economic nature from my child's school and other appropriate agencies. This information will be used to determine program eligibility and appropriate services to be provided. I understand that all information will be treated as confidential and privileged.

\_\_\_\_\_  
Parent / Guardian Signature (Required if applicant is under age 18)

\_\_\_\_\_  
Date

**Pre-Application Priority Deadline is April 24, 2015**  
**Submitting a Pre-Application in no way guarantees**  
**an interview or placement in a summer job.**

**PLEASE RETURN THIS APPLICATION TO:**  
**Saratoga County Department of Employment & Training**  
**152 West High Street, Ballston Spa, NY 12020**

**Questions? Please call 518-884-4904 or 518-884-4170 and ask for Katherine**

Saratoga County is an Equal Opportunity/ Affirmative Action Employer  
Auxiliary aids and services are available upon request to individuals with disabilities.